Name of City or Town:			Fiscal year:		
3-letter code		_			
STANDARI	DS CERTIFICA	TION FOR COMB	INED LIBRARIE	S	
grant-in-aid respective libra	I funds, this form mary directors and cha	e than one public linust be completed, signed irpersons of the library lands for Rhode Island Parts	ed and submitted jointl boards for Standards 1	y by the	
Standard #	Combined libraries comply $()$	OLIS Assigned Waiver Number(s)	Waiver request(s) pending (date submitted)	Waiver request attached (√) or date to be submitted	
1					
15					
16					
	•	Formation provided above Island Public Libraries		ce with	
Date: —					
Library Directo	or: —				
Name of Libra	ry: ———				
Chair or Presid	lent/Board:				
Library Directo	or:				
•					
	,				
Chair or Presid	lent/Board:				